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REPORT OF AN EPIDEMIC OF INFLUENZA.

By J. O. WENSTER, M.D., LYNN.

DURING the autumn of 1869 there occurred a series of cases of *epidemic catarrh*, or *influenza*, under my care, at the National Military Asylum, Augusta, Me., and I have thought them of sufficient interest to report. There were then about five hundred inmates in the institution, one fourth of whom at least were affected in some degree, and a large proportion of these applied for treatment. The ordinary history of a fully developed case was somewhat as follows:—

A man, previously healthy, is suddenly attacked with great prostration, chills and extreme sensibility to cold, headache, fever, sleeplessness, complete anorexia; soon followed by cough and expectoration, without sore throat or coryza. The acute stage continues from three to seven days; the febrile symptoms subside gradually; there remain great debility and chronic cough—an obstinate cough that defies the resources of medicine. But let us look at each of these symptoms in order.

Prostration was in many instances so great that the patients were obliged to take to their beds, and was very marked in the slightest cases. Sometimes “a deathly feeling” was complained of.

Chills were very common at the outset of an attack, and there was frequently great sensibility to cold, so that I found men bent over the steam-pipes in the vain endeavor to get warm, while others betook themselves to bed, and leaved upon all their friends for contributions of clothing.

Headache was a prominent symptom, was frontal, and often accompanied by vertigo.

Fever was indicated by the symptoms that we recognize as “febrile,” in connection with the circulatory, nervous and excretory symptoms; but I greatly regret that no thermometrical observations were made. There was apparently a higher de-

gree of fever than is usually found equally early in typhoid.

Insomnia was quite common, and, though perhaps partly caused by the severity of the cough, appeared mostly as a nervous wakefulness.

Anorexia was universal, and quite generally extended to the degree that there was complete loathing of all food. Thirst was present, and most of the patients drank tea with avidity.

Cough and expectoration were universal, the epidemic influence appearing to expend itself chiefly upon the mucous membrane of the larynx and bronchi, without involving that of the nares. This seems to be the only point in which this epidemic varied from the course usually run. The tonsils and pharynx were rarely affected. No physical signs were discovered in the lungs, when they had been previously healthy.

The acute stage of the disease ran its course in from three to five or more days, subsided very gradually—never by crisis—and the patient was generally left weak, and often with an obstinate cough that did not yield to nature or medicine for weeks or months.

But not every case presented all the symptoms above enumerated; there was every degree, from the severe form that I have delineated to that in which the local affection was almost *nil*; but all agreed in one characteristic, that the constitutional disturbance was primary in point of time, and was out of all proportion to the local catarrhal lesion.

The epidemic ran its course in about a month, and the epidemic influence seemed to grow weaker with time, there being a larger proportion of severe cases in the first than in the second fortnight.

There were no fatal cases, but as the men soon passed from under my observation I am unable to tell whether any cases of lung disease were consequent upon this epidemic. Such a result is stated to be sometimes met with, and we have two factors that seem favorable to the development of phthisis—the state of debility in which many of the patients were left and

the local irritation about the respiratory organs.

Complications.—At the same time with this epidemic there occurred one case of pneumonia, one of pleurisy, two of intercurrent pneumonia in phthisical patients, one of erysipelas; and in every case of phthisis—of which there was a large number under treatment—both the rational symptoms and physical signs were greatly aggravated for a time, evidently by extension of the local pneumonitis that attends tubercularization, and several of these patients, who had long been in *statu quo*, received an impetus grave-ward from which they never rallied.

Interesting questions here suggest themselves, as, 1st, were these cases of pneumonic and pleuritic inflammation merely complications of influenza, as Aitken teaches they may be, or, to use a later term which means the same thing, "localizations of general disease"; or, 2d, is there in such cases an underlying blood disease of some sort, which manifests itself in one person by influenza, in another by pneumonia, in another by pleurisy, in another, perhaps, by erysipelas, &c.; or, finally, 3d, have the diseases nothing in common except the fact that they may depend upon the same unknown atmospheric or terrestrial influences? That there was community of origin somewhere is highly probable, both from the coincident occurrence of the cases and from the fact of these being, I think, the first cases of pneumonia and pleurisy that ever occurred at the Asylum; that there was not "localization of general disease" is a lawful inference from the circumstance that the cases of pneumonia and pleurisy ran their usual course from the first, and did not supervene upon a previous influenza; neither did the consumptives exhibit any influenzal symptoms; but a proper discussion of the second and third questions asked above would involve the opening of the whole subject of the nature of the diseases mentioned, a subject that has been much discussed but is far from being settled. While to my mind the second hypothesis would appear to best explain these cases, to another the first or third might seem preferable.

Diagnosis.—The symptoms point at once to some febrile affection, and their totality would doubtless enable any one to arrive at a diagnosis with ease. Febricula can be excluded by the intensity of the prostration and the presence of cough and expectoration; symptomatic fever by the constitutional nature of the symptoms and the

absence of physical signs; the other essential fevers by the course of the disease.

There was nothing in this epidemic to throw any new light on the nature or cause of influenza; but its character was confirmatory of the views already held, that it is a specific febrile affection; a general disease, of which the catarrhal lesions are only a local manifestation; a self-limited disease, running a definite course, and not shortened by treatment.

The Asylum is situated on low ground, and has a good deal of fresh-water marsh in its vicinity. The inmates are disabled soldiers of the late war—about one half disabled by wounds, the remainder suffering from most of the chronic ailments incident to humanity. The weather had been rainy, but not unusually cold for the season, the last of autumn.

There was a great prevalence of "colds" at the time in the city of Augusta, five miles distant, but without the severe constitutional symptoms that characterized my cases.

The treatment consisted of a mild saline cathartic at the outset; diet of toast and tea; recumbency; Tully's powder at night, in cases requiring an anodyne; this constituting the whole treatment in about one half the cases. In the more severe cases, minute doses—one eighth of a grain—of potassio-tartrate of antimony, guarded by morphine, or, to those of weak constitution, small doses of aconite—two minims of the tincture of the root—were administered every two hours. Whether any benefit was derived from this latter medication or not, is a question involved in the obscurity which generally attaches to the action of medicines. My own impression is that the intensity of the symptoms was modified to some extent, and the patient rendered more comfortable, by either of these medicines; but they did not have the striking effect that they often will in a severe but non-specific cold.

Many of the patients subsequently required tonic treatment, and some were taking iodide of potassium and various expectorants for a long time before they were rid of their coughs.

PICTURES FOR BELLEVUE HOSPITAL.—Mrs. Virginia D. Atwood has presented, through Dr. Sayre, a collection of forty-one splendid lithographs and chromos to be placed in the surgical ward of Bellevue Hospital. This is an instance of far-sighted benevolence which deserves emulation.—*Med. Record.*

AN ANALYSIS OF SIXTY-ONE CASES OF EXTRACTION OF CATARACT BY THE METHOD OF GRAEFE.

By HASKET DERRY, M.D., Boston.

In connection with the lecture on the modern operation for the extraction of cataract,* I desire to present an analysis of sixty-one cases in which I have performed it.

One-third of these occurred in private, and two-thirds in Infirmary practice.

It should be stated in the outset that this list includes the earliest operations I performed, my knowledge of the method, as well as of the after-treatment, being purely theoretical. Nothing had then been printed on the subject. I had had the good fortune to be present at Heidelberg when Prof. von Graefe explained the operation, and my notes of his remarks were my only source of information. Most of the cases of loss of vitreous, and two out of the three failures, occurred at this period or shortly afterwards. I have since, in common with other ophthalmic surgeons, experienced a large diminution of accidents, as well as an increased percentage of success, through the manual dexterity acquired by practice and a close adherence to Graefe's later instructions.

Out of fifteen operations, performed between the first of March and the fifteenth of April, of the present year, there was but one case where the result was other than successful. This was that of a man, eighty-five years old, one of whose eyes had been already operated on, by a colleague, without result, the vitreous having been found in an unnaturally fluid condition, and escaping in large quantity. The pupil of the second eye, where a similar state of things existed, is now completely closed, but there is good perception of light, and a subsequent iridectomy promises well.

The age of my oldest patient was eighty-five, that of the youngest fifteen; the average age being sixty.

The operations were all performed under ether. The position taken was behind the patient for either eye. The method was in the main that described in the lecture, with occasional modifications to suit individual cases. It was found on the whole that those cases did best in which Graefe's directions were most implicitly followed. Pressure on the bulb from the old-fashioned speculum was sometimes found dangerous, and my original practice was to remove it and substitute an elevator under the upper

lid, as soon as the cut was completed. But the new speculum, figured in the drawing, may be left in place from the beginning to the end of the operation.

In fifty-one of these cases no accident occurred during either the operation or the after-treatment. In four, there was a considerable, and in three, a slight escape of vitreous. In seven, the scoop had to be used to bring out the lens. Four of the eyes in which vitreous was lost were seriously diseased, and the accident is in no wise attributable to the manner in which the operation was performed.

For nearly a year past it has been my practice to remove the bandage and examine all eyes within twelve hours of the operation, and I rarely failed to find the anterior chamber largely re-established at the end of that time. In a single case, the wound remained open eight days, without apparent cause, and then healed, the patient recovering vision of $\frac{1}{4}$. The average duration of the after-treatment was 17.4 days.

The following case deserves special notice. Capt. B., aged 70, a hale, vigorous man, consulted me May 2d, 1870. His right eye presented a well-formed cataract, which had been coming on about three years. The cornea was large, the pupil responded freely to atropine and the perception of light was very good. I accordingly gave a favorable prognosis, sent the patient to the Carney Hospital, and operated May 4th, under ether. As soon as the capsule was opened an escape of vitreous took place, and I was obliged to remove the lens by a scoop, and then to close the eye, leaving considerable cortical substance behind. There was, however, no pain or irritation the following days, the cornea continued clear and the field of the pupil began to clear up. Some restlessness at night yielded to moderate doses of chloral. On the night of the 10th, he appeared more nervous than usual, and I ordered him chloral gr. xlv. He soon fell asleep and began to dream that he had been shut up by some boys in a room on the ground floor of a barn in his native town. Filled with this idea, and anxious to extricate himself from the situation, he arose, threw up his window, leaped to the ground, a distance of about twelve feet, scaled the hospital fence, and was found a short time afterwards walking down the hill, in his night-shirt and through a pouring rain, and just beginning to come to himself. He was brought back to the hospital, and I was immediately sent for. I arrived at 1, A.M., and found the patient (who weighed about 175 lbs.) lying in bed, with his face a good deal scratched, and the lids of the operated eye much swollen and firmly closed. On separating them, a stream of blood started out and trickled down his face. The anterior chamber was full of blood, perception of light quantitative, and there was some chemosis.

Strange to say, the patient neither took cold nor sustained any bodily injury. The blood

* See last number of JOURNAL.

slowly absorbed, a slight attack of iritis came on, but was readily subdued, and he left the hospital June 5th, with vision $\frac{1}{16}$.

Iritis occurred five times. In seven cases the pupil was occluded by capsule or false membrane, and Agnew's operation had to be subsequently performed.

There were three cases of failure. One was owing to diffuse suppuration of the cornea, occurring in a very feeble old woman of 77. Another depended on intra-ocular hæmorrhage, coming on suddenly and without apparent cause a few hours after the operation. The third occurred with a man of 62, whose cornea was very small, pupil hardly dilatable, and vitreous fluid. Portions of the lens were unavoidably left behind, owing to the escape of vitreous, and the eye was lost by panophthalmitis. I subsequently operated successfully on the second eye, and he was able to read with comfort, when last heard from.

The results of visual acuteness are given in the following table. Some of the examinations were made a very short time after the operation, and it is reasonable to suppose that improvement has since taken place. Six cases are marked "unrecorded." They were, with a single exception, normal operations, and the result of each was successful. But they left town before the vision could be accurately recorded, and have not as yet redeemed their promise of returning to have it done.

The three marked "undetermined" are still under treatment. Two will undoubtedly prove successful, and the chances of the third are improving daily.

No. of Cases.	Vision.
2	$\frac{1}{16}$
1	$\frac{1}{16}$
8	$\frac{1}{16}$
1	$\frac{1}{16}$
2	$\frac{1}{16}$
5	$\frac{1}{16}$
9	$\frac{1}{16}$
1	$\frac{1}{16}$
4	$\frac{1}{16}$
3	$\frac{1}{16}$
7	$\frac{1}{16}$
1	$\frac{1}{16}$
2	$\frac{1}{16}$
1	$\frac{1}{16}$
2	$\frac{1}{16}$
6	$\frac{1}{16}$
3	unrecorded.
3	undetermined.
3	failures.

Or, in general terms, and proceeding on the estimate of Graefe, we have, in sixty-one cases—

Failure 3
 Partial success (vision $\frac{1}{16}$ to $\frac{3}{16}$) 6
 Entire success (vision $\frac{3}{16}$ to $\frac{1}{16}$) 42

With nine additional unrecorded cases, all but one of which bid fair to come under the last head.

ON ALOPECIA FURFURACEA.*

By MORIZ KOHN. Translated from Hebra's last volume on Skin Diseases, by JAMES C. WHITE, M.D., Boston.

SEBORRHEA of the scalp, especially seborrhea sicca (Hebra), which is also described by older and recent authors as pityriasis capitis, is one of the most frequent causes of early baldness. On this account this form of premature alopecia may for want of a better name be called alopecia furfuracea.

Symptoms; Development; Course.—The appearances of chronic seborrhea capillitis and those of gradually progressive loss of hair unite to form the character of alopecia furfuracea.

In the first stage of the affection the symptoms of seborrhea are alone noticeable. The scalp, especially the crown, is covered with an abundant quantity of thin, white, shining, asbestos-like scales, which are constantly undergoing separation and regeneration, and the hairs are covered with a fine, meal-like dust. The temples are not so much affected, and the occiput least of all. Although falling spontaneously, the scales are detached in greater quantity by brushing or combing. A great quantity of them always remain, however, partially attached to the scalp.

By washing with soap, especially potash soap, or with yolk of egg (a well-known popular remedy), these last scales are also removed, and the skin then appears white and smooth, never deprived of its epidermis and moist, although sometimes reddened and shining. After a few hours, however, the same white scales, detached at their edges, make their appearance again. This condition may exist for months or years without any apparent change.

Occasionally, when the care of the head is greatly neglected, the scales collect in the form of great white, chalky masses, which crumble easily and are firmly attached by the hairs. Sometimes they are more of a yellowish-brown color and are cheesy or greasy to the feel, and as the dust

* As stated in a recent notice of this publication, the very frequent occurrence of this affection and the excellence of its description by Kohn here given, have suggested a translation in full of the chapter. J. C. W.

adheres to these easily they may become dirty-brown or even black. A slight itching is often felt in the affected parts.

This condition occurs as an almost constant symptom of chlorosis, both in males and females, and is often accompanied by cold feet and hands, cold perspiration of the palms and soles, a mild degree of acne rosacea, with a nose purple and cold at the tip, a disposition to frost-bite upon the fingers and toes, and by indigestion; while with females scanty or too copious menstruation and chloasma uterinum are especially noticed. Sterility, pregnancy, and the puerperal state frequently give rise to the above conditions and therefore also to seborrhoea. As might be inferred, therefore, seborrhoea of the scalp is peculiar to the middle periods of life, makes its appearance at puberty or sometimes not until the twentieth or thirtieth year, persists many years, and affects both sexes. After the fortieth year it is never newly developed in its chronic form.

In spite of these symptoms, however—the excessive scale formation, the occasional itching, and its long duration—seborrhoea rarely compels those affected with it to seek the advice of a physician very urgently; but in its course there is associated with it another and far more disquieting symptom, defluvium capillorum, and eventually baldness. Patients first notice that the hair falls perceptibly while combing, and later that the hairs fall spontaneously during the day. Finally, after from two to six years, during which time the excessive formation of scales and the abundant falling of hair have continued, the growth of the hair becomes gradually less, and first thin and then bald spots show themselves upon the head.

As a rule, the loss of hair is most abundant upon the lateral regions of the crown, about an inch posterior to the edge of the hair in front upon the forehead, so that in the beginning two thin places corresponding to these parts are observed which afterwards become bald. The hair upon the foremost part of the forehead remains long intact, and forms the gradually lessening anterior border of the baldness which, by the confluence of the two originally distinct patches, spreads over the whole middle portion of the scalp. Sometimes, also, the loss of hair begins at the same time upon the edge of the brow, so that finally the process stretches from the forehead backwards behind the vertex uninterruptedly and is limited by the growth of hair upon the sides and back of the head, a

form corresponding to the ophiasis of the ancients.

The portions of scalp thus affected appear white, smooth, shining, and sometimes, over the projections and sutures of the bones, they are tightly stretched, glistening and red, thin, and with difficulty wrinkled. Perfect baldness of the parts, however, scarcely ever occurs, at least not in the first years of the affection, but abundant, firm and short, faintly colored lanugo (woolly) hairs are to be seen. It is only after many years that these also disappear. It is this combination of symptoms which, in the great majority of cases, causes premature baldness in men and women. It is on this account that I propose to examine more particularly the pathological process which underlies them.

If we observe the circumstances of the normal growth of the hair they will be seen to differ in no way materially from its condition in a pathological state. Every individual hair has a certain natural period of existence peculiar to it.* This may be called the normal duration of life of the hair, which varies according to its position, and the age and health of the person. When the hair has reached the normal end of its existence, it falls and is replaced by a new one, which is formed in the old follicle, either from the former papilla, or from a new one starting either from a development of cells near it (Heusingert), (Kölliker), or from a lateral bulging of the old hair follicle (Steinlin). The thicker any hair is, the longer its life *ceteris paribus* and the greater its length, and *vice versa*.† Thus a normal hair may have an existence of a year or more, while the hair of the same follicle under pathological conditions may be reduced to a life of three months or less.‡

To the same extent as the normal duration of a hair is shortened are its normal length and thickness also reduced. The hairs growing upon any one region of the skin, upon the back of a phalanx of a finger, for instance, differ materially in age and thickness, and therefore in their normal term of existence and length as well. The termination of life of the individual hairs of any such portion of the skin therefore never occurs simultaneously, and as a rule a pe-

* Donders im "Archiv für Ophthalmologie von Arlt, Donders und Graefe," iv. B., I. Abth.

† Meckel's Archiv, 1822, pag. 517.

‡ Mikroskopische Anat., Leipzig, 1850, p. 143 et seq.

§ Steinlin, zur Lehre von dem Bane und der Entwicklung der Haare, Henle und Pfeuffer's Zeitschrift, ix. B., p. 288 et seq., Taf. vii.

|| Pincus, Virchow's Archiv für Path. Anat., 41 B., 1867, p. 324.

¶ Id., l. c., 37 B., 1866, p. 39.

riod amounting at least to a quarter of the whole life of the shorter hairs (some three to five weeks for those upon the backs of the fingers for instance) passes before a second one takes the place of that which has fallen.*

The uniformity of the growth of the hair, that is in numbers and length, depends, therefore, upon the continuance of the normal relations which exist between the normal duration of life of single hairs and the natural after-growth. Any disturbance in these relations which shortens the typical period of existence of single hairs produces also a disturbance in the natural process of succession, so that the growth of hair is in this way gradually lessened; and inasmuch as with such diminution in its term of life each hair is also shorter and thinner, the progress from noticeable thinning to final baldness is thus plainly indicated. If, now, we follow this progress we shall come to a better understanding of the processes which are at the bottom of alopecia præmatura ex seborrhœa.

Pincus, whom we have already mentioned several times, has investigated more minutely than others the changes which the hairs undergo in their development in this affection, and the results of these laborious and difficult observations are published in the *Archiv für patholog. Anatomie, Physiologie, und klinische Medizin*, especially in volumes 37, 41, 43, 45, &c. He has not yet, however, gone far enough with his discoveries to lay down rules applicable to the changes of the hair in every case. Many points are still obscure even to himself, and perhaps others are not susceptible of such absolute demonstration as he is inclined to represent, but his labors have furnished such a quantity of positive data, which are supported by clinical observation hitherto made, that they should be received with the greatest respect.

Pincus recognizes two stages of the affection, the first of which is characterized by excessive scale-formation upon the head, the second by perceptible loss of hair. The former is, in his opinion, as in that of many older authors, a pityriasis, and he therefore calls the disease alopecia pityriodes. Hebra's title for this condition, seborrhœa sicca, he does not admit, although he himself says that the scales of pityriasis capitis, after they are extracted with ether, consist in great part, three fifths of their weight, of the secretory products of the sebaceous glands altered by disease. On

this account, however, as well as from consideration of Hebra's views and my own earlier expressed opinions regarding seborrhœa, I must insist upon the seborrhœic character of the scale-formation which gives rise to the alopecia, but hope by the adoption of the name alopecia furfuracea likewise to show my respect for the nomenclature of Pincus.

This observer, by counting and other special means of observation, has made an accurate estimate of the amount and method of the daily loss of hair in the first stage of alopecia, that is the seborrhœic. The hairs upon the heads of men either show the marks of the scissors, or they do not; the latter he calls (*Spitzenhaare*) pointed hairs. In the common style of wearing the hair, in which its length is some two inches or more, the relation of the pointed hairs to the whole loss is a constant one. In women he looks upon the short hairs as analogous to the pointed in men. These latter are normally of shorter length and have a shorter period of life (four to nine months) than the others, which last from two to four years, and are mostly developed upon the borders of the scalp. In the normal condition the minimum of the daily loss in the cases observed ranged from 13 to 70, and the maximum from 62 to 203 hairs.*

According to Pincus, the development of alopecia is characterized by the fact that the numerical relation of the pointed hairs to the whole loss is positively increased, without any necessary increase in the absolute daily fall above the normal limits. The average amount of the daily loss in healthy persons and in those affected with alopecia therefore lies within the same limits; but while normally the relation of the pointed hairs which fall to the whole loss is as 1 to 18, in alopecia it is as 1 to 8, and in the second stage even as 1 to 2. The first stage of alopecia presents, therefore, the following characteristic, that in the beginning a small, and later a larger number of hairs are gradually abbreviated in their normal development and duration.

This circumstance, which has been already referred to above and is here corroborated in another form, demonstrates that the hairs fall out of season. But this, as one sees, may not necessarily of itself produce baldness, but at the most lead to the production of short and thin hairs. In case

* Pincus, Virchow's Archiv für path. Anat., 41 B., p. 324.

* The translator has omitted, in this connection, a note concerning Hebra's views in relation to the pathology of seborrhœa, as they may be found in the Sydenham translation of his works.

baldness finally results, there must take place at the same time with these changes in the growth and typical fall of the hair a disturbance in the normal reproduction of the same, and this is the point by which we are led to the direct cause of the alopecia, to seborrhœa.

This consists in the excessive discharge of cells from the sebaceous glands. As a natural accompaniment of this there must be a more abundant production of, as well as some organic change in, the sebaceous cells, which may be called fatty impregnation. The cells of the external root-sheath corresponding to the elements of the rete mucosum are continued within the sebaceous glands, the walls of which are lined by them, analogous to the parenchymatous cells of other glands. If, now, the cells of the sebaceous glands become affected in this way and are thrown off in excess, as would naturally be supposed, the same process must eventually affect also the continuation of this cellular lining, that of the root-sheath of the hair. The consequence of such a nutritive change and mechanical disturbance in the elements of the latter must cause the loss of the hair. In fact Kölliker, Heusinger and others explain the normal falling of the hair in this way; only that in this case there is but a temporary hyperplasia of the cells of the root-sheath. If this hyperplasia diminishes, the cells then become firmer and the production of a new hair may follow, either by their simply furnishing nutriment to a hair formed from the papilla, or by being themselves in their central portion directly transformed into hair tissue (Kölliker). Such conversion takes place, in fact, in very advanced stages of alopecia furfuracea, and in a perfection that leaves nothing to be desired. If, however, the seborrhœa and the defluvium capillorum have lasted six, eight, ten years or over, and during that time there has been no reproduction of new hairs, then a return to the normal state is no longer probable, and, as time goes on, no longer possible even. Of course, when the process has lasted as long as this, the papillæ and their vessels become so far atrophied* as to be no longer capable of producing new cells† for the young hair bulbs. The baldness then becomes permanent.

* Steinlin, in the article above referred to, demonstrates the existence of such change, even in the normal state, and explains the air-spaces in the centre of the hair by such atrophy of the vessels.

† The succulent cells of the root of the hair, which extend into the cellular layer of the external sheath at the periphery are formed at that point. See Biesiadecki in Stricker's Handbuch, iii. Heft, 1870, p. 600; and Kölliker, p. 129.

Only by such a comprehensive view, founded upon the elementary condition of the normal development of the hair and upon the anatomical and physiological relations of its metamorphoses, can the unity of the process in alopecia furfuracea be established. In the beginning, the excessive formation of scales (seborrhœa) appears; then after some months follows the abundant loss of hair, its quantity appearing thinner, while slenderer and shorter hairs at first and later only the lanugo hairs are reproduced; and, finally, these also fall, and all the more quickly as the typical period of the hair is shortened the more slender its growth. In conclusion, the growth is everywhere reduced to its minimum, and the scalp becomes bald.

However sharply Pincus would define a second stage of alopecia (pityrodes), the transition to the symptoms of such cannot be distinguished; and this he admits, inasmuch as he is obliged to acknowledge, in opposition to his specifications of the first stage, that the absolute fall of hair increases with the progress of the affection, so that while in the early stage of alopecia it amounts on the average to 76 daily, in the later it gradually mounts up to 300. The facts which he mentions, however, as peculiar to this stage are quite correct, and analogous to those stated by me; namely, that the diameter of the individual hairs becomes smaller; that gradually thinner and finally only woolly (lanugo) hairs are produced, and that the latter at last fall out in great quantity; in short, that by excessive limitation in the growth of the hair permanent baldness is finally accomplished.

Anatomy.—The most important of the anatomical relations have already been mentioned in what has been stated, so far as they illustrate the process in alopecia furfuracea. It remains to be mentioned that as the disease progresses the hairs may be easily pulled out; that the root-sheath is generally more or less perfectly attached to the hair when thus pulled and sometimes bent upon itself, as in alopecia areata; and that the hairs which fall in the later stages appear especially thin in the radical portion. Pincus adds that he has found the corium layer of the skin constantly thinned.

Prognosis.—Considering the nature of the changes which underlie alopecia furfuracea as well as its course, we shall be able in the first years of the affection to form a comparatively favorable prognosis, so long in fact as hairs continue to be produced, even if they are only lanugo hairs. Up to this point an invigorated growth,

that is an increase in the thickness, length and duration of the hairs, or, in other words, a return to the normal condition may still be possible. When once, however, the growth of hair has ceased in many places, or when baldness has set in, then for such parts little hope can be given. In general, it may be stated that in the first four to eight years of the affection, which may be only tardily recognized, a return to the healthy state may result either through judicious treatment or by spontaneous improvement in the condition of the parts.

Etiology.—I have mentioned, in another portion of this volume, the causes, both the external and those within the economy, which may give rise to *seborrhœa capillitii chronica* and so to *alopecia furfuracea*, and which may be arranged in the three classes, chlorosis, anemia and cachexia.* I do not agree with those pessimists who believe that later generations are more affected with early baldness than the races of past centuries; but that *alopecia prematura* is a sufficiently frequent occurrence is a fact not to be overlooked. A glance over the heads of the audience at a theatre reveals a *parterre* of bald heads. Such an occasion shows too that men are much more frequently affected than women, and this observation is true in spite of the supposition that the latter are better able to conceal their loss of hair by artificial means. But it is not only true that the affection is less frequent in women than in men, the baldness also seldom attains so great dimensions in the former. It is generally confined to the middle of the crown, corresponding to the sagittal suture, and distinguished by the parting of the hair appearing wider than usual. It remains, nevertheless, mysterious why this form of *alopecia* should occur more frequently with men, inasmuch as with women the symptoms of chlorosis are much more frequent and severe, and the periods of puberty and child-bearing furnish so much more abundant opportunity for the development of anemia. The attempt to explain this by the supposition that chlorotic females resort to treatment earlier than males is not satisfactory, because we find many women, especially among servants, who suffer from severe chlorosis for many years without the slightest treatment, and yet are not affected with *alopecia*. We can only remain satisfied, therefore, with the scanty data of our

experience, and not overlook the fact that our idea of chlorosis is not sharply defined but comprises a collection of symptoms which are different in men and women. There is no doubt, however, that these symptoms do often occur in men affected with *alopecia furfuracea*, namely: chronic indigestion, coldness and cyanosis of the hands, feet and nose, that is sluggish circulation in the capillaries of the periphery, a disposition to frost-bite, pallor and dryness of the skin, &c.; while in other cases the *seborrhœa capillitii* is the only indication of chlorosis in the person affected. The result of treatment, moreover, confirms the correctness of this view of the etiological relations of the affection.

But *seborrhœa* of the scalp is also the intimate cause of another series of varieties of *alopecia*, which have been already partially considered above. The *defluvium capillorum* which often follows exhausting general diseases, such as typhus, puerperal affections, tuberculosis, carcinoma, &c., and is succeeded by temporary or partially permanent baldness, may, 'tis true, in many cases, be regarded as the result of the depression of the general nutrition. In many other cases, however, the loss of hair is evidently caused by a *seborrhœa*, which is readily developed after such weakening diseases, as in anæmic conditions generally, and which once existing remains as an independent affection for months and years, producing gradual loss of hair in the form of *alopecia furfuracea*.

After variola, *defluvium capillorum* not unfrequently occurs, and in such cases the loss of hair takes place in two ways. Sometimes many of the hair follicles are destroyed during the process of the formation of the efflorescences, as in acne, pustular syphilides and the like, the walls of the follicles and the sheaths of the roots being destroyed by the suppuration of the pustules and the accompanying scar formation. When many of the follicles are destroyed in this way, there remains a corresponding degree of permanent baldness. At other times the eruption does not affect the tissues of the corium so deeply, and the follicles in great part escape uninjured.

Then, too, after the occurrence of small-pox, an affection of the sebaceous glands sometimes comes on, which was originally described by Hebra as *seborrhœa congestiva*,* and which is capable of farther development in parts into lupus erythematosus.† It gives rise to the formation of

* It is inexplicable how Pincus, after he has separated *alopecia pityrodes* so sharply from *alopecia eczematodes*, *rhumatica*, &c., can make a "chronic eczematous or impetiginous eruption upon the scalp" a cause of the same *alopecia*.

* Zeitschr. d. k. k. ges. d. Aerzte, 1845, Bd. i. p. 40.

† Moriz Kohn, zum Wesen und zur Therapie des Lu-

yellowish-white or dirty yellowish-brown crusts, which feel fatty, and collect one above the other often in considerable quantity. If these are raised, there are seen on their under surface small comedo- and nipple-like projections, which are the continuations of the crusts into the openings of the sebaceous glands. The skin itself appears somewhat reddened, fatty and shining, and the openings of the sebaceous follicles are enlarged and surrounded by a red border, and when rubbed hard they bleed. Clinical observation and microscopic examination show that the papillæ in the vicinity of the hair and sebaceous follicles are in a state of cellular infiltration, presenting the appearance of chronic inflammation. If after the removal of the crusts of sebum the skin be left without farther care, the fatty matter soon collects again, at first in the form of a shining coat, and after a day or two as thick crusts. When this form of seborrhœa becomes chronic, the scales lose their fatty character and become drier, while at the same time they become smaller, more branlike, and fall more abundantly; in short, it is transformed into a seborrhœa sicca (furfuracea); and this form in the following years may give rise to alopecia like idiopathic seborrhœa of the scalp.*

Prognosis.—From the preceding descriptions of the course and of the causes of alopecia præmatura symptomatica, it is evident what are the conditions under which the baldness will be permanent or may be relieved by a new growth of hair. It may be stated in general that the more hair follicles are destroyed in course of the process, the less possible becomes the reproduction of the hairs, and that the most favorable chances are for those cases in which the loss of hair has been rather occasioned by a congested or inflamed condition of the scalp. Cases which exhibit many and deep scars upon the bald parts of the scalp are unfavorable; as after the deeply destructive processes of variola, acne varioliformis, ulcerating syphilides, lupus vulgaris, lupus erythematosus, &c. Most favorable, on the other hand, are those which appear after eczema of the scalp, psoriasis, cruris, and syphilitic and non-syphilitic forms of seborrhœa. With regard to the latter it is to be observed that recovery may all the more probably be expected, the more quickly is the process checked, either spontaneously or by proper treatment, which

gives rise to it. In alopecia furfuracea, for example, which has a very chronic course, a perfect or partial recovery is possible, even when it has existed from four to six years.

[To be concluded.]

Reports of Medical Societies.

MASSACHUSETTS MEDICAL SOCIETY.

FIRST DAY'S PROCEEDINGS.

A session of the Society was opened in this city on Tuesday, June 6th.

At 10 o'clock, the Fellows visited the Massachusetts General and City Hospitals, and attended the surgical visits and operations.

At 12 o'clock, the members assembled in the hall of the Lowell Institute. The President, Dr. Samuel A. Fisk, of Northampton, called the meeting to order. Scientific papers were then read, as previously announced, by their authors, as follows:—

1. Dr. Edward Wigglesworth, Jr., Boston, *Baldness*.
 2. Dr. Henry Tuck, Boston, *Torsion of Bloodvessels*.
 3. Dr. R. H. Fitz, Boston, *Tuberculosis*.
- At 2 o'clock the Society adjourned. At 4 o'clock the Society reassembled, and listened to the reading of the following papers:—
4. Dr. Wm. L. Richardson, Boston, *External Manipulation in Obstetric Practice*.
 5. Dr. H. I. Bowditch, Boston, *Venesection*.

Dr. Bixby showed a specimen of the wood Cundurango, mentioned by us in the *Journal* of May 11th.

COUNCILLORS' MEETING.

The councillors of the Society held their annual meeting at No. 36 Temple Place, at 7½ o'clock, 64 members present, the President, Dr. S. A. Fisk, in the Chair. The records of the last meeting were read and accepted.

The President, according to custom, then appointed a committee of one from each district to nominate officers for the ensuing year. Dr. Comstock, of Middleboro', in obedience to instruction from the Bristol South District Medical Society, moved that the councillors of each district choose their respective members of the nominating committee. After considerable discussion, the motion was lost. The committee then retired, and, upon their nomina-

pus erythematosus. Archiv für Dermatol. und Syphilis, 1869, i. Heft.

* The translator has omitted here the section on Alopecia Syphilitica.

tion, the following officers were elected for the ensuing year:—

President, Samuel A. Fisk, Northampton; *Vice-President*, Ebenezer Hunt, Danversport; *Cor. Sec.*, Dr. C. D. Homans; *Rec. Sec.*, Dr. C. W. Swan; *Librarian*, Dr. J. C. White; *Treasurer*, Dr. F. Minot; *Orator*, Dr. N. S. Babbitt; *Anniversary Chairman*, Dr. R. M. Hodges; *Committee of Arrangements*, Drs. C. D. Homans, R. M. Hodges, A. P. Hooker, A. Coolidge, J. N. Borland, R. Amory and A. H. Nichols.

The report of the Treasurer, which was read and accepted, showed that the receipts of the Society for the past year were \$10,418.21, including a balance of \$2,335.38 from last year; expenditures \$7,799.61; leaving in the Treasurer's hands \$2,618.60.

The several standing committees made their reports, which were accepted.

The President announced the usual standing committees.

A proposition to reduce the annual assessment from five to three dollars was negatived. A proposition to refund two-fifths of the assessment to the District Societies was also lost.

For the purpose of settling a vexed question, the following preamble and resolutions were then offered, and, after a stirring discussion, were passed with only two opposing votes.

Whereas, the Massachusetts Medical Society has always endeavored to make, as its charter emphatically enjoins, "*a just discrimination between such as are duly educated and properly qualified for the duties of their profession, and those who may ignorantly and wickedly administer medicine*"; while at the same time it has ever acted in accordance with the "*liberal principles*" of its foundation, and shown itself ready to examine and adopt every suggestion, from whatever source, promising improvement in the knowledge and treatment of disease,—

And whereas it is alleged that some of its Fellows, in opposition to the spirit and intent of its organization, consort in other societies or elsewhere, with those whose acts tend "to disorganize or to destroy" the Society,—Therefore

Resolved, that if any Fellow of the Massachusetts Medical Society shall be, or shall become, a member of any society which adopts as its principle in the treatment of disease any exclusive theory or dogma (as, for example, those specified in Art. I. of the By-Laws of this society), or himself shall practise, or profess to practise, or shall aid or abet any person or per-

sons practising or professing to practise according to any such theory or dogma, he shall be deemed to have violated the By-Laws of the Massachusetts Medical Society by "conduct unbecoming and unworthy an honorable physician and member of this Society."—*By-Laws*, VII. §5.

Resolved, in case the society concurs with the councillors in the preceding resolution, that the President of the Society shall appoint a committee of five Fellows (to hold office one year and until others are appointed) to bring before a board of trial any Fellow who, three months from this date or after, shall be found chargeable with the offence set forth in the foregoing resolution.

Resolved, that, after concurrence by the society, the foregoing preamble and resolutions shall be printed, and a copy sent to every Fellow of the Massachusetts Medical Society.

Resolved, that a committee of three be appointed by the chair to report the action of the councillors in the foregoing preamble and resolutions to the society to-morrow for concurrence.

Dated June 6, 1871.

The president appointed Drs. Cotting of Norfolk, De Wolf of Hampshire, and Sabin of Berkshire, to present the resolutions to the society at their annual meeting.

Dr. Wellington, chairman of the committee appointed by the councillors to prepare a representation to the American Medical Association concerning the treatment received by the delegates of the Massachusetts Medical Society in 1870, presented a report, which we shall probably publish in a future number of the JOURNAL.

The councillors then partook of a collation furnished in the ante-room by the committee of arrangements.

Medical and Surgical Journal.

BOSTON: THURSDAY, JUNE 8, 1871.

A VERY LAME REPLY is given by a certain New York weekly to an Editorial paragraph in the JOURNAL of May 4th, entitled Plagiarism. Our complaint was that that Journal contained an article copied bodily from our own without any show of credit. To this the following rejoinder is made:—

"We reply that we have not seen the Boston Medical and Surgical Journal for

many years, that we found the translation of Desor in a newspaper, without any indication of its origin, that we did not copy it *verbatim*, as the *Journal* alleges, but modified it considerably, if we remember rightly, and finally that, if we had known the origin of the translation, we should have given due credit for it."

In answer to this we say, that two copies of this JOURNAL have been sent as exchanges weekly to the office of the Messrs. Appleton for several years; that, if the translation were taken from a newspaper of whatever character, as they state, they have failed to give *that* paper the credit which is apparently its due; of the truth of the final statement, we consider ourselves incompetent to judge.

We have taken the trouble to have the two impressions of the article compared, and we find that the following discrepancies exist: we give the different readings—"For which he [they] cannot account"; "the most recent data that [which] we possess"; "is [also] not less than;" the change of the title of the article; the omission of an explanatory note from the translator, of a foot-note of four lines, and of three explanatory French expressions; and a change in the spelling of two words—in these we have the only differences observable in the *copy* of the article on the Climate of the United States and the original.

MASSACHUSETTS COLLEGE OF PHARMACY.—

The third annual commencement of the Massachusetts College of Pharmacy was held in Horticultural Hall on the 18th ult. The President, Mr. S. M. Colcord, delivered an address on the condition and resources of the College. Prof. Babcock, of the College, then read portions of two theses by members of the graduating class, on "Citrate of Iron and Quinine," and "Capsicum, with Assays of its Commercial Powder." The graduates of the College this year are George H. Beale, Belford A. Cuthbert, Linus D. Drury, Charles M. Howe, William B. Hunt. At the completion of this part of the exercises, Prof. Tracy presented a valuable hydrometer to Mr. L. D. Dewey for proficiency in studies.

The valedictory was read by Prof. Geo. F. H. Markoe. He spoke of the new and

enlarged field of action upon which the students were to enter, in the enjoyment of their professional rights, and referred to the associations and lessons of the occasion. As pharmacutists, he said, they must still continue students, especially of chemistry and botany. By devoting their leisure hours to the study of science they would ennoble their characters and elevate their profession. They should look well to the details of their art, bearing in mind that what was worth doing at all was worth doing well. The pharmacist should most carefully avoid invading the domain of medicine. The professions should be kept entirely distinct; either one affords scope for the best abilities, and there was no excuse for the practice of both by the same person. He exhorted the graduates to remember the importance of their duties and acquit themselves like men.

The diplomas were then presented to the graduating students by the President.

The exercises closed with an address by Rev. J. M. Manning.

The annual meeting of the Association of the Alumni was held on Friday evening, May 19th. The members of the graduating class were elected members of the Association. The annual address was delivered by the President, Mr. G. F. H. Markoe, after which the following officers were elected for the ensuing year:—

President, Prof. G. F. H. Markoe. *1st Vice President*, C. B. R. Hazeltine. *2d Vice President*, J. T. Brown, Jr. *Treasurer*, Charles H. Bassett. *Secretary*, Thomas Doliber. *Executive Committee*, J. H. Dyer, Edward S. Kelley, John C. Lowd and Geo. E. Raymore. *Delegates to the American Pharmaceutical Association at its meeting in September*, Charles A. Tufts, Thomas Doliber, George H. Beale, George E. Raymore and J. Howes Dyer.

The meeting then adjourned, and partook of the annual supper. Several sentiments were offered, which were responded to by officers of the Association and the invited guests.

A bust and scholarship in memory of Oppolzer are proposed in Vienna. Subscriptions are being taken for the object,

and may be forwarded to Dr. Kraus, at the office of the *Allgem. Wiener Medicin. Zeitung*. Why should we not have a contribution from those Americans who have followed the steps of the old Professor?

VACCINATION AND SYPHILIS.—A friend kindly points out an error into which we were led in the last number of the JOURNAL in speaking of the child as affected with "latent syphilis." The expression was that used in the *Medical Times and Gazette*, and misled us; in another part of the article the child is spoken of as having had "snuffles" and mucous patches about the anus. But, whether latent or patent, the point made by Mr. Hutchinson is that, in his belief, syphilis is communicable by the vaccine lymph.

"DEATHS FROM ANÆSTHETICS." INNOMINATUS AGAIN.—The profession in England and Scotland seem at length to be awakening to the "perils of chloroform." The last three numbers of the *British Medical Journal* have each a leading article on "deaths from anæsthetics;" and the Medico-Chirurgical Society of Edinburgh have had the subject under discussion. "The great frequency with which chloroform has proved fatal where it has been administered to produce only momentary insensibility to pain, has now been frequently observed" (*British Medical Journal*), and cannot longer be winked at, or kept out of the "newspapers," of which the "Britishers" seem to have an "unwholesome" dread. The deaths have been too frequent, and the cause of the deaths undeniable;—there can be no question on these points. The public begin to see it; and coroners' juries to bring in verdicts of manslaughter (e. g., at Yokohama). It is time for the profession to take heed to its ways. "We cannot help thinking it really in their own personal interest, as well as in the great interests of science and humanity, that there should be no holding back," &c.—*Br. Med. Journal*.

Still the Journal itself hesitates—cannot accept ether fully, as yet—would try the nitrous oxide—worries itself with its Edinburgh friends over the best means to avert danger,* and discusses, as ineffectively as

Note, by a Proof reader.—The best means of averting danger are now likely to be employed—the same as indicated in this JOURNAL some months ago, viz., a few verdicts of manslaughter.

they, the modes and causes of deaths from chloroform.

Why stop, in practice, to inquire why and how chloroform kills? It kills! and kills often, mixed or unmixed, pure or impure, with or without alcohol, and when given by the most experienced to the healthiest and heart-whole subjects! Is not this enough?

Ether never kills in such circumstances—nor unquestionably in any other so far as known. Besides, it can generally be given "rapidly" enough and with as "admirable completeness," if the administrator will select his article and not hurry his patient too much at first. Moreover, no "graduated apparatus" is required or desirable;—a napkin folded into a cone, enclosing a sponge or a few rags, is all that is needed, and is the best "apparatus" after all.

Repeating these things thus, once more, for the benefit of our trans-Atlantic brethren who, from what we have seen and what we can learn, do not even at this late day, with rare exceptions, know how to administer ether properly or thoroughly—we make a few extracts from the papers alluded to, which show the reluctant concessions already forced from the hitherto partizans of a terribly dangerous agent.

"We shall venture also to express the opinion that the inconveniences incidental to the administration of ether have too great weight with our administrators of chloroform generally; and that, if the patient were frequently given the choice, he would more often prefer the inhalation of ether as an anæsthetic, which is practically safe, to chloroform, which, though easier of application, is by far the most dangerous agent. The difficulties of administering ether are certainly not such as need deter careful and intelligent operators from promoting its use. By using Snow's inhaler and Sibson's mask, they are reduced almost to insignificance. It never failed, in any one case in Snow's hands, to produce anæsthesia, generally rendering adults insensible in four or five minutes, and children in two or three minutes.

"The exclusive use of chloroform is almost confined to this country. We are disposed very earnestly to plead for a more extended employment of ether and of protoxide of nitrogen. Nothing has yet been found to rival chloroform for universal convenience; but convenience may be too dearly purchased. It is, if the price paid seems to involve a sacrifice of life—and of life doubly sacred to us, because especially

entrusted to our keeping. On these grounds, we urge a revision of our customary anæsthetics in this country; and, as the facts lie before us, they support the absolute interdiction of chloroform for dental extractions, the substitution of protoxide of nitrogen for these and for minor surgical proceedings such as we have indicated—and the substitution of ether for chloroform inhalation over a large range of surgical cases. What we may lose in convenience we shall gain in safety.”—*British Medical Journal*, April 29th, 1871.

And Innominatus asks no more!

PROF. WM. T. BRIGES, M.D., of the University of Nashville, relates a case in the *Nashville Journal of Medicine and Surgery*, for February, 1871. He introduces his remarks in the following suggestive manner:

I had been using chloroform so long and so frequently in my practice, and with such satisfaction, that I was fain to believe that death would never take place from its effects, if it was properly administered.

In a lecture on the subject of anæsthesia, delivered to our class but a few weeks since, I gave a decided preference to chloroform over all other anæsthetics, because, while it was more pleasant, prompt and powerful, I was satisfied that, with proper care, death would result very rarely, if ever, from its action.

In less than a month after my confident assertion to the contrary, death *did* result, during its administration, to a patient in my own practice.—*N. Y. Med. Jour.*

PROF. BILLROTH TO THE STUDENTS.—You see there is much to do and to learn; with patience and perseverance you will accomplish it all. These virtues are necessary to the study of medicine. “Student” comes from “to study”; hence you must study faithfully. The teacher indicates to you what he considers the most important; he may stimulate you in various directions. What he gives you as positive may, it is true, be carried home in black and white; but, to cause the positive knowledge to live in you and become your mental property, you must depend on your own mental efforts, which form the true “study.” When you conduct yourself as a passive receptacle you may, it is true, acquire the name of a very “learned person”; but if you do not awake your knowledge into life you will never become a good “practising physician.” Let what you see enter your mind freely, warm you

up, and so occupy your attention that you must think of it frequently; then true pleasure and appreciation of this mental labor will fill you. Goethe, in a letter to Schiller, aptly says:—“Pleasure, comfort and interest in the affairs of life are the only realities; all else is vanity and disappointment.”—*General Surg. Pathol. and Therap.*

THE PRESENCE OF MANGANESE IN BEECH-NUTS. By Dr. J. E. DE VRIJ.—In the introductory address of the chairman of the last Pharmaceutical Conference at Liverpool, my attention was fixed by the following sentence:—“By some authors it has been denied that plants absorb from the earth such metals as are not absolutely essential to their nutrition. Experiments, however, afford strong evidence to the contrary. Mr. R. Warington (*Jour. Chem. Soc.*, 1865) found in the ashes of the beech and birch 0.193 per cent. of manganese.”

This quotation of Warington’s investigation induces me to mention the fact observed by myself more than twenty years ago. As at that time the investigation of the ashes of plants occupied a great many chemists, I also analysed some ashes. Amongst them were the ashes of beech-nuts collected by me in the neighborhood of Giessen, in Germany. As there exists a great quantity of manganese ore in that vicinity, the presence of a relatively large quantity of manganese in these ashes seemed to me quite natural. In 1847, being at the meeting of the British Association at Oxford, I visited the beautiful park of Blenheim, and collected there on that occasion some unripe beech-nuts. After returning home, I analysed their ashes and found also in these, although grown in a very different soil, the presence of a relatively large amount of manganese. A third analysis of the ashes of beech-nuts, collected in the wood of the Hague, confirmed the same fact. As I was accustomed to use the ashes of beech-nuts in my lectures to demonstrate the reagents for manganese, this fact has been fixed in my memory.—*London Pharm. Jour.*

THE PATHOLOGY OF THE FLOATING KIDNEY.—Dr. Rud. H. Ferber reports in *Virchow’s Archives* (vol. lli. p. 95) two cases of floating kidney, and makes a few remarks on the pathology of this affection. In one of his cases the patient had a severe fall upon his back, and he is disposed to think in most cases of movable kidney that inquiry

will show that the patient has at some time or other received an injury to his back. If from any cause the cellular tissue about the kidney or the duodeno-renal ligament becomes relaxed, the organ is then retained in its place only by the large bloodvessels; and if the peritoneum is at the same time yielding, it will move freely about the abdomen, its movements certainly being restrained only by the bloodvessels and the ureters. In young subjects the kidney will sometimes be found in the true pelvis, but it is rare that the tissues are so yielding in older people. In the second of his cases, Dr. Ferber attributes the displacement to fright. This, as is well known, occasions an increased secretion of urine, and consequently a congested condition of the kidney and an increased weight.

Dr. Ferber's first patient was only 16 years old; which is younger, he says, than any other patient whose case is reported. The affection is much more common in women than in men, for in nine only out of fifty-nine cases the patients were men. Sometimes the displacement of the kidney gives rise to considerable disturbance of nutrition, as in the first case reported in Dr. Ferber's paper, in which pyelitis was set up in consequence of irritation; and sometimes to pressure upon the various nerve-plexuses in the abdomen.

Dr. Ferber takes occasion to recommend the preparations of lead in pyelitis, and says that in both his cases great general improvement followed the drinking of the blood of oxen.—*Med. Times.*

EXTRACT OF MEAT.—The "Extractum Carnis," known as Liebig's, is now extensively employed in medical practice. Now and then doubts are expressed relative to the nutritive value of the commercial extracts, and, occasionally, undesirable effects follow their administration. It is well known that the extract, whether prepared in the open air by the Liebig process, or *in vacuo* by the Borden method, can contain no albumen. The albumen is coagulated, and therefore excluded during the manufacture, so that the extract consists, as shown by E. Reichart's analysis, of

Water separable at 110°C.	16
Mineral constituents	18.20
Nitrogen	9.51
The extract is rich in potassium salts.		

Dr. Kemmerich has recently published in *Schmidt's Jahrbucher*, a detailed account of the physiological effect. An estimate of

the nutritive value of the extract just referred to is given.

He found by experiments on living animals, that extractum carnis in the form of soup, also meat broths and gravies of ordinary concentration, and free from seasoning, produce in the stomach active hyperæmia of its mucous membrane, especially at the gastric follicles. Hence, he concludes that extract of meat increases the activity of the follicles and hastens the secretion of gastric juice.

There is, moreover, a noticeable change in the character of the cardiac pulsation. The throb becomes more frequent, much stronger, arterial tension is increased, the pulse is made full and more rapid. He noticed also that a person by taking a little over one hundred grains of meat extract in the morning, experiences a slight elevation of temperature of the body above that of another person in substantially the same condition, and this elevation is followed by a corresponding depression.

The increase of temperature may be attributed to the increased circulation of the blood and consequently augmented oxidation of the tissues.

The extract of meat affords nutriment, but its improper use may be very injurious.

Dr. Kemmerich's study of the nutritive value was conducted by means of experiments on two dogs of the same birth and weight, subjected to the same vital conditions. To the food of one the mineral salts of meat extract were added, to the food of the other an equal quantity of common salt. The food was for both "animal albumen" separated from the aqueous solution of the muscle of the horse. The dog fed on the meat extract and albumen, soon weighed more than the other. In the course of six weeks the dog fed on salt was hardly able to stand, while the other was bright and energetic.

The conditions were then reversed with very remarkable results. In a fortnight the reduced dog was fully restored, and in four weeks excelled the other in bodily vigor.

Dr. K. concludes that the extract of meat is a true restorative stimulant, with the further advantage of affording elaborated material for the formation of tissues.—*Bowdoin Scientific Review.*

DEATH UNDER MYTHELINE.—At Charing Cross Hospital, another death under bichloride of mytheline has occurred in a case of amputation of the finger. Mr. Canton gave evidence at the inquest which resulted in a

verdict that the "deceased died from the effects of mytheline properly administered." Mr. Canton stated that at the *post-mortem* examination—

"There was not the slightest trace of any action of the mytheline on either the heart or brain, the organs mainly affected by chloroform when administered. The only way he could account for the man's death was, that being in a state of great nervous excitement at having to undergo the operation, the mytheline had acted upon the nervous system, producing instant death. He had known death to have resulted under an operation from the nervous excitement of the patient without chloroform having been inhaled. There was no doubt that the death of the deceased had been produced by the mytheline he had inhaled. The cases of death while under the influence of mytheline were extremely rare. In all probability the deceased would have survived the operation had it been performed without his inhaling the mytheline, which was administered at his own request. He never allowed mytheline to be administered to a patient about to undergo an operation unless with the patient's full consent after due deliberation.—*Med. Press and Circular*.

PATHOLOGY OF THE PROSTATE GLAND.—

Dr. Kraus states it may now be laid down as a rule, admitting of but few exceptions, that all diseases of the prostate take their origin in catarrh of the urethra or bladder. In consequence of the entrance of large quantities of the catarrhal secretion the gland becomes greatly swollen and enlarged, and the entrance of the secretion he attributes to the loss of tone in the bladder, by which the secretion is arrested in the prostatic portion of the urethra, and, subjected to pressure, thus is forced into its ducts. The cavity of the caput gallinaginis also becomes filled with the secretion, and from thence the catarrhal inflammation spreads along the ejaculatory ducts to the vesiculæ and epididymis. In some cases copulative power becomes lost by the agglutination or entire adhesion of the ejaculatory ducts. Bloody semen occurs when in hemorrhagia or vesical catarrh the semen is forcibly expelled through the adherent ducts. Muscular tissue is so prevalent in its texture that the formation of abscess in its substance is a very rare occurrence. Strictures of the urethra from enlargement of the prostate are also of extreme rarity, as the urethra has a large play between the corpora cavernosa, and can exert much lo-

comotion before being interfered with by enlargement of the prostate.—*Med. Times and Gazette*.

THE AFTER-TASTE OF QUININE.—In practice there is often experienced a great difficulty in getting patients to take quinine, because of its after-taste, which to some is simply unbearable, and when antipathy thus exists, combined with a difficulty in swallowing pills, the therapeutic value of an important drug is lost. We find, and the fact may not be generally known, that the mastication of some acid fruit, as an apple or a pear, will permanently remove the disagreeable after-taste of quinine. The first mouthful of food should be well masticated and rolled through the mouth, so as to cleanse the teeth, etc., and then ejected. The second morsel may be swallowed, when it will be discovered that all taste of the quinine will be removed.—*Med. Press and Circular*.

NORMAL AND PATHOLOGICAL LOCAL TEMPERATURE.—Dr. Jacobson, of Königsberg, relates, in Virchow's *Archiv*, vol. 51, second part, a series of experiments upon animals, by means of thermo-electricity, to ascertain the actual temperature of some viscera. He found, contrary to Claude Bernard's opinion, that the blood is warmer in the left than in the right heart. But he verified and found correct another assertion of Bernard's—viz., that the liver presents a higher temperature than the axilla and the rectum. Dr. Jacobson also recognized that the temperature of inner portions of the body, such as the upper part of the rectum or vagina, was higher than that of inflamed muscles. M. Bernhardt and Dr. J. excited, by caustic injections, pleuritis and peritonitis with exudation, and by carefully experimenting and measuring they found the following opinion of John Hunter's in accordance with fact, viz.: "That local inflammation cannot raise the temperature higher than the degree of warmth found at the source of circulation."—*Med. and Surg. Reporter*.

TORSION IN HIP-JOINT AMPUTATION.—Dr. Wm. MacCormac, Surg. to the General Hospital, Belfast (*British Med. Journal*), refers to the first hip-joint amputation made by him at Balan, in the late Franco-Prussian war, where the patient survived the operation only four days. The femoral artery was twisted, and no hemorrhage occurred. He supposes this is the largest arterial trunk to which torsion has ever been applied.—*Med. Rec.*

Medical Miscellany.

APPOINTMENTS.—Dr. Hall Curtis has been appointed Visiting Physician at the Boston City Hospital in place of Dr. Bowditch, resigned.

Dr. W. L. Richardson has been elected one of the Physicians to Out-patients at the Massachusetts General Hospital, in place of Dr. Hall Curtis, resigned.

THE MASSACHUSETTS MEDICAL BENEVOLENT SOCIETY has received the sum of two thousand dollars from the trustees of the estate of the late Nabby Joy.

THE MEDICAL WORLD.—We are promised still another medical monthly Journal, under the above title. The editorial charge of the journal will be under the supervision of Dr. Reuben A. Vance. The publishers of the *Medical World* propose to give information on medical, physiological, surgical and chemical subjects, collated with care from all the leading foreign and American periodicals, with short and pithy original communications from the best authorities, both in America and Europe. The publishers, Messrs. William Baldwin & Co., 21 Park Row, New York, offer the journal at \$1.50 per annum, in advance.

ESOPHAGOTOMY.—M. Dolbeau (*Bull. de Therap.*) reported to the Surgical Society two cases of internal esophagotomy. The first was that of a young girl who, in a moment of desperation, swallowed sulphuric acid. For eight days M. Dolbeau had been unable to pass the stricture, when he passed the smallest olive bougie of the Charrière scale. The bougie used by the author consisted of a stem of whalebone, upon which bulbs of ivory of increasing size were seated. He gradually dilated the tube to the capacity of No. 6 American scale, or No. 18 of the French, and further than this he was unable to proceed. He then practised a method which he terms scarification. He used an instrument of his own invention, composed of a flexible stem, upon the end of which is an olive-shaped bulb in which are concealed two minute blades, which are brought into a cutting position by some arrangement at the handle. The bulb was passed through the stricture, which was incised by the blades on withdrawal. The cure was then effected by dilatation, and the patient could swallow well. In the following year, the author performed the same operation upon a similar case with success. There was neither pain nor hemorrhage attendant upon the operation. M. Dolbeau thinks that esophagotomy, performed as he advises, in which only the cicatricial tissue is incised, is a safe and certain operation, and particularly applicable to urgent cases.—*New York Medical Gazette*.

SULPHUR IN CROUP.—Dr. Lanini, in *Lo Sperimentale*, of Florence, of December, 1870, writes that he had treated membranous croup successfully with powdered sulphur, in doses of a scruple every two hours. He reports a case occurring in a girl of 8 years, where all other remedies with which he was acquainted had failed to give relief. After the second dose of the sulphur the dry

cough was diminished, and she began to expectorate casts of the bronchial tubes, some of which were nearly an inch in length. The treatment was continued two days, and the patient did well. The doctor was induced to try the remedy in consequence of the experiments and recommendations of Dr. Banieri Bellini, Professor of Toxicology in the Royal Institute at Florence, published in the September number of the *Sperimentale* of 1869.—*Medical Record*.

NEW YORK DISPENSARY.—We notice the following important change in the service at the New York Dispensary. Heretofore, diseases of the eye and ear have fallen to the class of surgery. Now, however, the Board of Trustees has established a separate department of diseases of the eye, and another of diseases of the ear. The former is in charge of Dr. Richard H. Derby, who attends on Mondays, Wednesdays and Fridays, and of Dr. Charles S. Bull, who is on duty on the alternate days. Diseases of the ear come under the care of Dr. George B. Pomeroy. The hour for each of these classes is 2 o'clock, P.M.—*N. Y. Medical Gazette*.

MARRIED.—At New Bedford, June 7th, Dr. H. H. A. Beach, of Boston, to Miss Alice C. Mandell, of New Bedford.—At Boston Highlands, 1st inst., Dr. William H. H. Hastings to Miss Maria Davis, both of this city.

Deaths in sixteen Cities and Towns of Massachusetts for the week ending June 3, 1871.

Cities and Towns.	No. of Deaths.	Prevalent Diseases.
Boston	111	Consumption 40
Charlestown	14	Pneumonia 17
Worcester	24	Scarlet fever 10
Lowell	18	
Milford	1	
Chelsea	6	
Cambridge	8	
Salem	9	
Lawrence	7	
Lynn	9	
Gloucester	3	
Fitchburg	5	
Newburyport	3	
Somerville	6	
Fall River	7	
Haverhill	4	

235

There were five deaths from smallpox; two in Lowell, one in Boston, one in Worcester, and one in Somerville.

GEORGE DERRY, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, June 3d, 111. Males, 61; females, 50. Accident, 5; abscess, 2; apoplexy, 2; aphthæ, 1; aneurism, 1; inflammation of the bowels, 1; disease of the bowels, 1; bronchitis, 4; congestion of the brain, 3; disease of the brain, 4; burned, 2; cancer, 1; ditto of stomach, 1; consumption, 21; cholera infantum, 1; convulsions, 1; croup, 1; debility, 4; diarrhoea, 4; dropsy of the brain, 3; drowned, 4; dysentery, 1; exhaustion, 3; erysipelas, 1; scarlet fever, 1; typhoid fever, 3; bilious fever, 1; disease of the heart, 2; disease of the kidneys, 1; disease of the liver, 2; inflammation of the lungs, 7; marasmus, 2; paralysis, 2; pleurisy, 1; premature birth, 1; peritonitis, 2; puerperal diseases, 3; rheumatism, 1; smallpox, 1; teething, 1; unknown, 6; whooping cough, 1. Under 5 years of age, 38—between 5 and 20 years, 11—between 20 and 40 years, 34—between 40 and 60 years, 18—above 60 years, 10. Born in the United States, 69—Ireland, 26—other places, 16.